



L.A. Health

KNOWLEDGE AND PERCEPTIONS OF HIV/AIDS IN LOS ANGELES COUNTY

Introduction

HIV (human immunodeficiency virus) causes chronic infection and a weakening of the body's immune system, which in its advanced stages is referred to as AIDS (acquired immunodeficiency syndrome). Although major advances in medical treatments have led to a dramatic decline in HIV/AIDS-related deaths over the past decade, HIV infection remains a serious public health issue. More than 1 million people in the United States are now living with HIV, and an estimated 40,000 new HIV infections occur each year. In Los Angeles County, there are an estimated 56,000 people currently living with HIV, including nearly 22,000 with AIDS.¹

The HIV/AIDS epidemic in Los Angeles County remains most heavily concentrated among men who have sex with men (MSM). However, women have comprised an increasing percentage of reported AIDS cases over the past two decades. Among both men and women, the African American and American Indian populations have been disproportionately impacted by the epidemic relative to whites and Asians, and Latinos account for the highest number of HIV/AIDS cases in the county.

To assess the knowledge and perceptions of selected HIV/AIDS-related issues among adults in the county, the 2005 Los Angeles County Health Survey (LACHS) included a set of questions administered to a random subsample of 959 adults 18 years and older.

Perceived Seriousness of HIV/AIDS in LA County (Table 1)

- Just over half (51%) of adults thought that HIV/AIDS is a very serious health issue in their community. Nearly one-quarter (24%) said that HIV/AIDS is a somewhat serious health issue, 15% reported that it is not too serious of an issue, and

TABLE 1 Percent of Adults Who Reported that HIV/AIDS is a Very Serious Health Issue in Their Community

	(%)	95% CI	Estimated #
Los Angeles County	51.4	47.7 - 55.2	3,331,000
Age Group			
18 - 44	54.0	48.7 - 59.4	1,968,000
45 - 64	51.7	45.5 - 57.8	1,030,000
65 or over	38.8	29.9 - 47.8	323,000
Gender and Race/Ethnicity			
Males			
Latino	52.5	44.4 - 60.6	709,000
White	39.5	31.2 - 47.7	448,000
African American	57.8	37.7 - 78.0	181,000
Asian/Pacific Islander	58.2	38.7 - 77.8	168,000
Females			
Latina	54.5	46.5 - 62.6	719,000
White	46.1	37.9 - 54.3	533,000
African American	78.5	63.0 - 94.0	255,000
Asian/Pacific Islander	49.3	33.9 - 64.8	226,000
Males by Sexual Orientation			
Gay/Bisexual	80.6	67.8 - 95.4	189,000
Heterosexual	46.2	40.2 - 52.2	1,171,000
Education			
Less than High School	58.8	50.8 - 66.8	744,000
High School	51.8	43.2 - 60.5	699,000
Some College or Trade School	50.1	42.3 - 58.0	716,000
College or Post Grad	48.5	42.3 - 54.6	1,172,000
Federal Poverty Level[§]			
0 - 99% FPL	65.5	57.5 - 73.5	830,000
100% - 199% FPL	56.8	48.8 - 64.9	828,000
200% - 299% FPL	43.5	34.4 - 52.5	476,000
300% or above FPL	45.0	39.2 - 50.8	1,196,000
HIV Tested in Past 2 Years			
Yes	62.2	55.5 - 68.9	1,336,000
No	45.6	41.1 - 50.0	1,924,000

[§] Based on U.S. Census 2003 Federal Poverty Level (FPL) thresholds which, for a family of four (2 adults, 2 dependents), correspond to annual incomes of \$18,700 (100% FPL), \$37,300 (200% FPL) and \$56,500 (300% FPL).

1. Los Angeles County Department of Public Health, HIV Epidemiology Program, HIV/AIDS Semi-Annual Surveillance Summary, July 2007.

10% believed that HIV/AIDS is not at all serious in their community.

- Younger and middle age adults (18-44, 45-64) reported HIV/AIDS as a very serious issue (54% and 52%, respectively) more often than did adults 65 or over (39%).

- A higher percentage (79%) of African American females indicated that HIV/AIDS is a very serious health issue in their community, compared to other gender and racial/ethnic groups, including African American males (58%).

- A majority (81%) of gay or bisexual males reported that HIV/AIDS is a very serious health issue in their community, compared to 46% of heterosexual males.

- Education and income were inversely related to perceived seriousness of HIV/AIDS in the community.

- Almost two-thirds (62%) of adults who had reported being tested for HIV in the past 2 years perceived HIV/AIDS as a very serious issue, compared to 46% of those not recently tested.

How Do Women Usually Get HIV/AIDS?

It is essential that women know about their risk for HIV infection. In LA County, females now make up about 15% of persons living with HIV and 11% of persons living with AIDS. Two-thirds of women (67%) acquired the infection through heterosexual contact with a man, compared to 26% as a result of injection drug use.¹ Although women in LA County are most likely to acquire HIV/AIDS through having sex, injection drug use also remains a significant method of transmission.

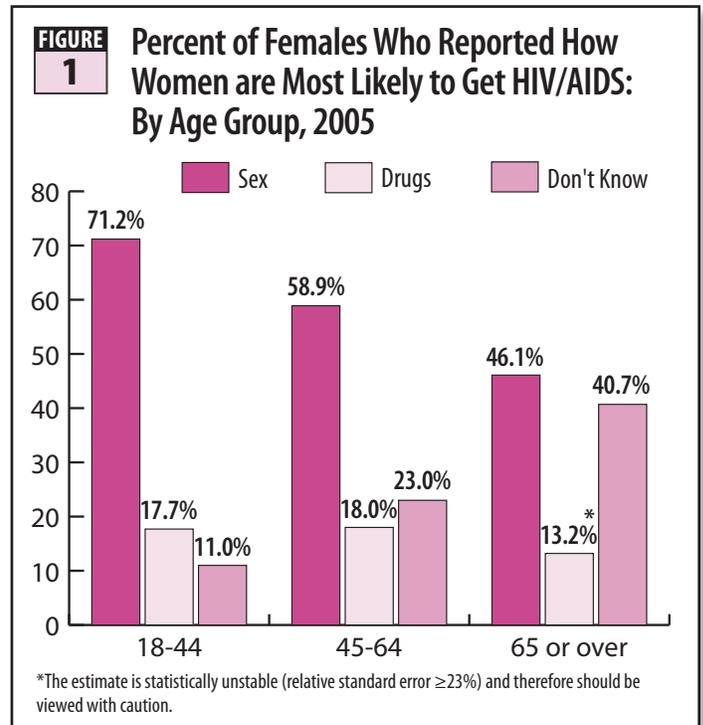
When asked in the 2005 LACHS whether women are more likely to have become infected through sex or drug use:

- 56% of adults reported that women are most likely to acquire HIV/AIDS through having sex, 20% said that the most likely transmission is through injection drug use, and 24% did not know.

- More females (63%) than males (49%) said that HIV transmission to women more often occurs through having sex.

- Among females, nearly three-quarters of 18-44 year olds said that HIV transmission to women is most likely to occur through having sex (71%),

followed by 45-64 year olds (59%) and those 65 or over (46%) (Figure 1).



- Women with less than a high school education were most likely to report that women are more likely to get HIV through sex (76%), compared to females with a high school education (61%), some college/trade school (57%), and college/post graduate work (61%).

- Asians/Pacific Islanders and whites were the least likely groups among females to say that HIV transmission to women more often occurs through sex (46% and 52%, respectively), compared to African American and Latina women (70% and 76% aware, respectively) (Figure 2).

Can Perinatal HIV Transmission Be Prevented?

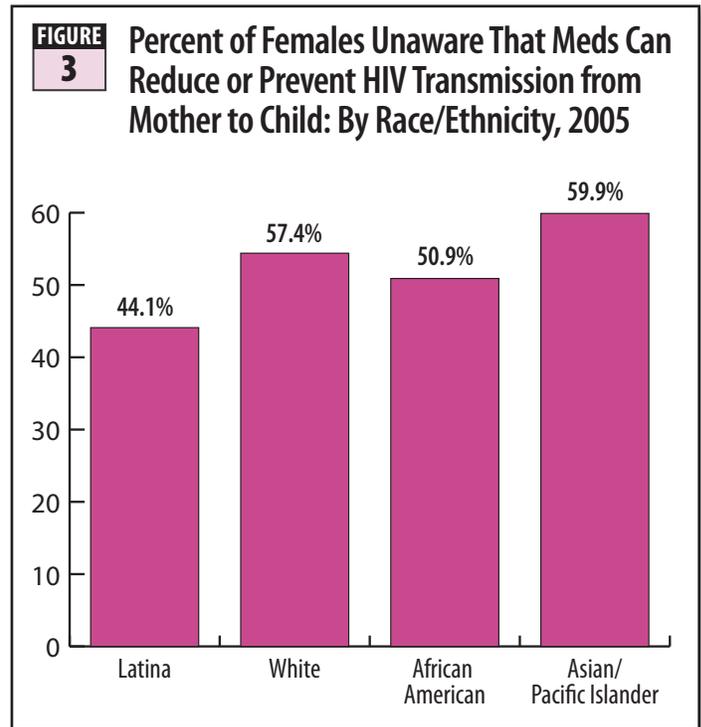
Because of the rise in HIV/AIDS among women, it is important that females who are trying to get pregnant (or are already pregnant) be tested for HIV and made aware of treatments to reduce or prevent perinatal HIV transmission. HIV infected women who receive prenatal care have the opportunity to learn of their HIV status, get early treatment and care, and prevent passing HIV to their babies through use of antiretroviral drugs and use of cesarean delivery when appropriate.^{2,3}

2. Centers for Disease Control and Prevention. *Achievements in Public Health: Reduction in perinatal transmission of HIV infection - United States, 1985-2005*. MMWR 2006; 55(No. 21):592-597.

3. Cooper ER, Charurat M, Mofenson L, et al. *Combination antiretroviral strategies for the treatment of pregnant HIV-1 transmission*. J Acquir Immune Defic Syndr 2002; 29:484-94.

Results from the 2005 LACHS indicate that:

- 54% of all LA County adults (52% of females and 55% of males) did not know that medications taken during pregnancy and birth can reduce or prevent HIV transmission from mother to child.
- Of notable concern is the finding that only 50% of 18-44 year old women (i.e., women of childbearing age) were aware that medications can help prevent perinatal HIV transmission.
- Women with less than a high school education were most aware (61%) that perinatal medications can reduce or prevent HIV transmission, compared to females with a high school education (44%), some college/trade school (47%), and college/post graduate work (44%).
- Asian/Pacific Islander and white females were least aware that perinatal medications can reduce/prevent HIV transmission (60% and 57% unaware, respectively), while 51% of African American females and 44% of Latinas did not know that such medications can help (Figure 3).
- Women who had not been HIV tested in the past 2 years were less knowledgeable about these medications than women who had been tested (58% vs. 41% unaware, respectively).



Is Free HIV Testing Available in LA County?

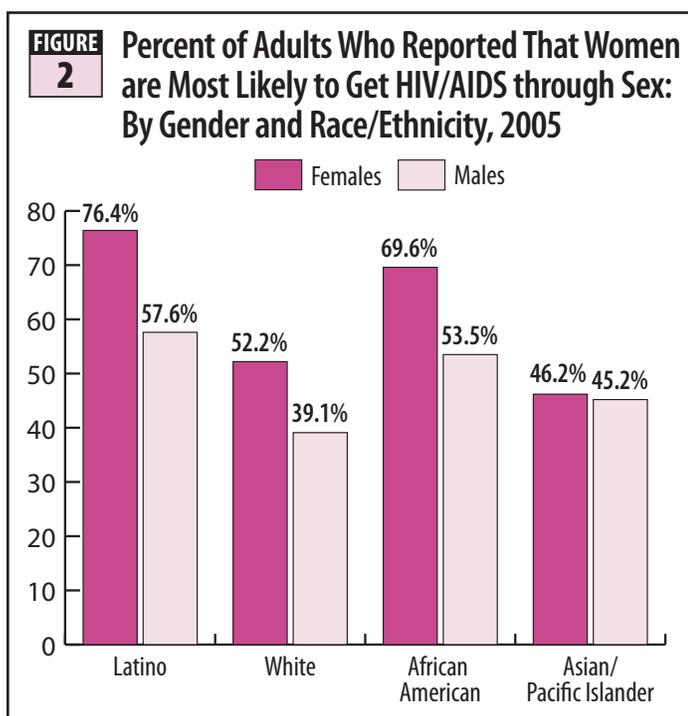
Both the LA County Department of Public Health and Department of Health Services offer free HIV testing in public clinics, through community-based organizations and mobile testing units, regardless of health insurance or immigration status.

According to results from the 2005 LACHS:

- 85% of adults (regardless of gender) knew that free HIV testing is available.
- Awareness of free HIV testing did not differ by level of education.
- A higher percentage (91%) of Latinos were aware that free HIV testing is available, compared with 81% of whites, 78% of African Americans, and 78% of Asians/Pacific Islanders.
- Adults who had been HIV tested in the past 2 years were more aware of free HIV testing (89%) than adults who had not been tested (83%).

HIV Testing as Part of Routine Medical Care

Increased access to voluntary HIV testing is essential in preventing HIV/AIDS because people who are aware that they are HIV positive can seek life-saving treatment and take steps to prevent transmission to others. The CDC now recommends voluntary HIV testing for all adults and sexually active adolescents as part of routine medical care and indicates that increased access to voluntary



HIV testing should be a focus of local, state, and national initiatives.⁴

The 2005 LACHS found that:

- 83% of all LA County adults (regardless of gender) agreed that HIV testing should be included as a part of routine medical blood work.
- Younger adults (18-44 years old) were more inclined to support HIV testing as part of routine care (87%) than were 45-64 year olds (81%) and individuals 65 or over (74%).
- Adults with less than a high school education were more likely to agree with HIV testing as part of routine care (91%) than those with more education (high school: 88%, some college/trade school: 82%, college/post graduate degree: 77%).
- Nearly all (95%) African Americans were in support of routine HIV testing, compared to 89% of Latinos, 78% of whites, and 70% of Asians/Pacific Islanders.
- Almost all adults at higher risk for HIV⁵ believed that HIV testing should be included as part of routine medical care (92%), compared to 84% of adults at lower risk.
- A greater percentage of recently HIV tested respondents thought that HIV testing should be routine, compared to those not tested in the past 2 years (91% vs. 79%).

Demand for Rapid HIV Testing

Studies conducted in 2000 by the CDC found that among individuals in the U.S. who were tested and found to be HIV positive, nearly one-third (31%) never learned of their status because they did not return to receive their test results.⁶ In LA County in 2003, just under one-quarter of adults tested for HIV did not return for test results provided through LA County-funded HIV counseling and testing centers.⁷ Providing results more quickly may be one way to remedy this

problem. Rapid tests that produce results in about 40 minutes are available and have been shown to significantly increase the percent of people who actually receive their results. After implementing rapid HIV testing in LA County, the percent of positive testers who did not receive their results from LA County-funded HIV counseling and testing providers dropped to under 15% in 2005.

The 2005 LACHS found that:

- 80% of LA County adults (regardless of gender) would consider rapid HIV testing.
- Younger adults (18-44 years old) were more likely to consider rapid HIV testing (85%) compared to middle age and older adults (78% and 63%, respectively).
- Consideration of rapid HIV testing was inversely related to educational level, with less educated adults showing greater interest (less than high school: 85%, high school: 81%, some college/trade school: 79%, college/post graduate degree: 77%).
- A higher percent of African Americans (86%) and Latinos (86%) would consider rapid HIV testing, compared with 73% of whites and 71% of Asians/Pacific Islanders.
- Almost all higher risk adults (89%) were open to getting tested if results could be available within an hour.
- Among all adults who had not been previously tested for HIV, 77% said they would consider rapid HIV testing.
- Most (90%) higher risk adults who had not been tested in the past 2 years for HIV said they would consider rapid HIV testing.
- Higher risk females reported the highest interest in rapid HIV testing (96%).

4. Centers for Disease Control and Prevention. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR* 2006; 55(No. RR-14):1-17.

5. Higher Risk (9% of the sample): a) Used any form of methamphetamines or speed in the past year, b) Ever used needles to inject drugs not prescribed to you, or c) Had 2 or more sexual partners in the past year, at least one of which involved not using a condom; Lower Risk (91% of the sample): None of the above. Note that this risk definition differs from that used in the February 2007 LA Health Trends Brief entitled "HIV Testing Among Los Angeles County Adults," which did not include drug use.

6. Centers for Disease Control and Prevention. *Advancing HIV Prevention: New Strategies for a Changing Epidemic – United States, 2003*. *MMWR* 2003; 52(15):329-332.

7. Los Angeles County Department of Public Health, Office of AIDS Programs and Policy, 2003 and 2005 unpublished data.

Conclusions

Nearly 27 years after the first diagnosed cases of AIDS, HIV/AIDS remains a major public health issue in the U.S. and in LA County. According to the 2005 LACHS, however, only about half of LA County adults perceived HIV/AIDS as a top health concern. This may lead to complacency with regard to HIV testing, risk-reduction behaviors, and prevention and treatment services. Nationally, it is estimated that about one-quarter of people infected with HIV are not aware of their diagnosis, and 54% of new infections occur because HIV positive individuals do not know their own status.⁸ Therefore, it is of great importance that people in LA County be well informed about HIV transmission, prevention, testing, and treatment.

While many LA County adults did not report that HIV/AIDS was a serious health problem in their community, African American women showed a higher level of concern about this issue. African American females may recognize HIV/AIDS as a more serious health issue because among women, they are most at risk for HIV/AIDS, and African American males are the group most impacted by HIV/AIDS overall.⁹ The lower level of concern expressed by African American males could be partly due to stigma, fear, and denial regarding HIV/AIDS.^{10,11}

The 2005 LACHS found that people in LA County with less income and education thought of HIV/AIDS as a more serious problem, and were generally more informed about HIV/AIDS issues, compared to those with more income and education. This greater awareness among disadvantaged groups may be the result of increased prevalence of, and exposure to, people with HIV/AIDS in communities of lower socioeconomic status. The higher level of knowledge among less educated and lower income populations may also reflect successful outcomes of targeted HIV/AIDS prevention and intervention efforts in LA County.

Increased efforts should be made to educate individuals who have not received HIV testing in the past 2 years. It is important that this group

8. Marks G, Crepaz N, Jansen RS. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS* 2006; 20(10):1447-50.
9. Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report. 2005.



on the web



The Los Angeles County Department of Public Health, Office of AIDS Programs and Policy (OAPP) directs the overall response to the HIV/AIDS epidemic in Los Angeles County.
<http://lapublichealth.org/aids>

The Los Angeles County Department of Public Health, HIV Epidemiology Program collects, analyzes and disseminates HIV/AIDS surveillance and epidemiologic study data essential for the planning, implementation, and evaluation of programs and policies involving HIV and AIDS care, prevention, education, and research in Los Angeles County.
<http://lapublichealth.org/hiv>

The HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA) was formed in August 1997 to consolidate all programs funded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The CARE Act was signed into law on August 15, 1990 to improve the quality and availability of care for people with HIV/AIDS and their families.
<http://hab.hrsa.gov>

The U.S. Government HIV/AIDS Information: AIDS.gov serves as an information gateway for Federal domestic HIV/AIDS information and resources. This website provides access to information on Federal HIV/AIDS prevention, testing, treatment, and research programs, policies, and resources.
<http://www.AIDS.gov>

World AIDS Day has been observed on December 1st every year since 1988. It is held in an effort to encourage public support and programming to prevent the spread of HIV infection, provide awareness and education about HIV/AIDS, and demonstrate compassion for those infected or affected by HIV. The theme for World AIDS Day 2007 is "leadership," and the campaign slogan is "Stop AIDS: Keep the Promise."
<http://www.worldaidscampaign.info>

be informed about their potential risk for HIV and about the options available to them that may influence their decision to receive HIV testing. Finally, given the interest in and openness to rapid HIV testing, particularly among high risk populations, efforts to increase awareness and provide information about this available service are more important than ever.

10. Wobl AR, Johnson DF, Lu S, et al. HIV risk behaviors among African American men in Los Angeles County who self-identify as heterosexual. *J Acquir Immune Defic Syndr* 2002; 31(3):354-60.
11. Foster PH. Use of stigma, fear, and denial in development of a framework for prevention of HIV/AIDS in rural African American communities. *Fam Community Health* 2007; 30(4):318-27.



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Knowledge and Perceptions of HIV/AIDS in Los Angeles County



WORLD AIDS DAY - DECEMBER 1ST

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The 2005 survey collected information on a random sample of 8,648 adults and 6,032 children. The survey was conducted for the Los Angeles County Department of Public Health by Field Research Corporation and was supported by grants from First 5 LA, Tobacco Control and Prevention Program, the Emergency Response and Bioterrorism Preparedness Program and various Department of Public Health programs.

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Acknowledgements: Special thanks for their helpful reviews:
Kyle M. Baker; Trista Bingham, MPH, MS; Juli-Ann Carlos, MPH;
Douglas M. Frye, MD, MPH; Michael Green, PhD;
Azita Naghdi, MPH; True Ann Pawluk, MS, MPA; Mario J. Pérez;
Sophia Rumanes, MPH; Margaret Shih, MD, PhD

For additional information about the L.A. County Health Survey, visit: www.lapublichealth.org/ha

Suggested Citation: Los Angeles County Department of Public Health, *Knowledge and Perceptions of HIV/AIDS in Los Angeles County*, LA Health; December 2007.